

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/18/03.

I. DISPUTE

Whether there should be additional reimbursement for dates of service 9/16/02 through 10/10/02. The Carrier denied additional reimbursement as “ F – Submitted documentation does not support or meet the criteria for one-on-one therapy that is identified in the fee guidelines ground rules and/or CPT code descriptor for reimbursement. F – Reimbursement according to the Texas Medical Fee Guidelines. F – If reduction, then processed according to the Texas Fee Guidelines. S – Reimbursement for your resubmitted invoice is based upon documentation and/or additional information provided. O – Reimbursement for your resubmitted invoice has been considered. No additional monies are being paid at this time. Bill has been paid according to state fee guidelines and/or state rules and regulations.”

II. FINDINGS

Based on Rule 133.307(d)(1), a request for medical dispute resolution shall be considered timely if it is filed with the division no later than one year after the date of service in dispute. Therefore, date of service 9/16/02 is not eligible for review.

III. RATIONALE

Dates of Service 9/18/02 through 10/10/02; CPT code 97110 Therapeutic Exercises

Reference: 1996 MFG MGR (I)(A)(10); CPT descriptor

Recent review of disputes involving one on one CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the 1996 MFG and 133.307(g)(3). Therefore, reimbursement is not recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is not entitled to reimbursement for CPT code 97110.

The above Findings and Decision is hereby issued this 12th day of February 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd